

C A M P A I G N F O R

ACCOUNTABILITY

February 13, 2018

BY EMAIL: PRI@odh.ohio.gov

Ohio Department of Health
Bureau of Information and Operation Support
246 North High Street
Columbus, OH 43215

Re: Ohio Open Records Request

Dear Sir or Madam:

Campaign for Accountability (“CfA”) makes this request for records, regardless of format, medium, or physical characteristics, and including electronic records and information, audiotapes, videotapes and photographs, pursuant to the Ohio Rev. Code §§ 149.43, *et seq.*

First, CfA seeks copies of all grant agreements entered into or agreed upon by the Department of Health, and Family and Youth Initiatives (FYI) through the Ridge Project.

Second, CfA seeks copies of all grant agreements entered into or agreed upon by the Department of Health and Elizabeth’s New Life Center (ENLC) through the OAHC initiative.

This request is for records from January 1, 2013 to present.

By way of background, in 2013, the Ohio Legislature created the Ohio Parenting and Pregnancy Program to distribute state funds to nonprofit organizations that promote childbirth.¹ According to FYI’s 2015 application for the parenting program, FYI received \$90,242 from the Department of Health for the Ridge Project.² According to ENLC’s 2014 application for the parenting program, ENLC received \$128,767 from the Ohio Department of Health for its OAHC initiative.³ CfA received FYI and ENLC’s application to the Ohio Parenting and Pregnancy Program from the Ohio Department of Job and Family Services in response to an Ohio Open Records Request.

Where possible, please produce records electronically.⁴ CfA seeks records of any kind, including electronic records, calendars, schedules, meeting and conference call invitations, audiotapes, videotapes, and photographs. This request includes any letters, emails, facsimiles,

¹ Rita Price, Abortion; Pregnancy Centers Aim to Serve as Alternative, *The Columbus Dispatch*, July 15, 2013.

² Family and Youth Initiatives, Application for Ohio Parenting and Pregnancy Program Grant, Attachment A, November 17, 2015, Page 3, attached as Exhibit A.

³ Elizbeth New Life Center, Application for Ohio Parenting and Pregnancy Program Grant, Attachment A, July 21, 2014, Page 42, attached as Exhibit B.

⁴ Ohio Rev. Code § 149.43(B)(7).

February 13, 2018

Page 2

telephone messages, voice mail messages, and transcripts, notes, or minutes of any meetings, telephone conversations, or discussions. This request also includes any attachments to these records.

If it is your position that any portion of the requested records is exempt from disclosure pursuant to Ohio Rev. Code § 149.43 (B)(1), please explain in writing and with particularity the reasons for any determination that a record is exempt from disclosure.⁵ In the event that a portion of a requested record is properly exempt from disclosure, please redact that portion and produce the remainder of the requested record. If you deny this request in whole or in part, please specify each exemption on which you are relying to withhold information.⁶

CfA is a non-profit organization and seeks the requested information to inform and educate the public about the state's oversight responsibilities regarding public funding for private organizations. Accordingly, because CfA seeks the information to benefit the general public, we request that the information be provided without charge. If a fee waiver is not available, please inform me if the cost will exceed \$200.⁷

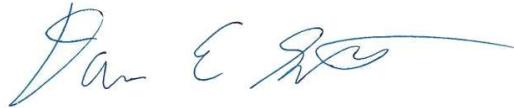
Please promptly produce the requested records, or pursuant to Ohio Rev. Code § 149.43(B)(1), please provide the requested records within a reasonable period of time, or furnish a written acknowledgment of receipt of our request and the approximate date when the request will be granted or denied, as well as when we can reasonably expect to receive the responsive documents. If you foresee any problems in releasing the requested records in whole or in part, please contact me at 202-780-5750.

Finally, I welcome the opportunity to discuss with you whether and to what extent this request can be narrowed or modified to better enable the Ohio Department of Health to process it.

If possible, please email the records to me at dstevens@campaignforaccountability.org. If the records are mailed, please send them to: Campaign for Accountability, 611 Pennsylvania Ave S.E., #337, Washington, D.C. 20003.

Thank you for your attention to this matter.

Sincerely,



Daniel Stevens
Executive Director

⁵ Ohio Rev. Code § 149.43(B)(3).

⁶ Ohio Rev. Code § 149.43 (B)(3).

⁷ Ohio Rev. Code § 149.43 (B)(1).

EXHIBIT A

% of those who are Women: 93%
% of those who are Minorities: 26.7%

B. If you are the selected vendor, will you subcontract any part of the work? NO
NO -or- YES, but for less than 50% of the work -or- YES, for 50% or more of the work
If yes, provide the following information on each subcontractor (additional pages may be added as needed):
Subcontractor Name: N/A
Address: _____

Work To Be _____
Performed: _____
(a brief description) _____
Subcontractor's Estimated Percentage of Total Project (in % of work, not % of dollars): _____
If 50% or more of the work will be subcontracted, then ALSO provide the following information on ALL proposed sub-grantees:
Nationwide Ohio Offices
Total Number of Employees: _____
% of those who are Women: _____
% of those who are Minorities: _____

C. Identify all state grants which the grantee has since the beginning of the last fiscal year (i.e., since July 01, 2012) through this fiscal year to date. Also include grants approved for ODJFS or institutions of higher education:

Total number of grants: 3
For each state grant, list the state agency and provide the following information:
State Agency/Educational Institution: ODH—as subcontractor under The Ridge Project
Grant Dollar Amount: \$90,242
State Agency/Educational Institution: Community Connectors Grant—ODE
Grant Dollar Amount: \$77,205.50
State Agency/Educational Institution: WIOA CCJFS
Grant Dollar Amount: \$50,250
Attach additional pages if needed

11. Grantee Ethics Certification

As a grantee receiving grants from the State of Ohio, I certify on behalf of
Family and Youth Initiatives (name of vendor or grantee):

(1) I have reviewed and understand Ohio ethics and conflict of interests' laws, as found in Chapter 102. and Sections 2921.42 and 2921.43 of the Ohio Revised Code.
(2) I acknowledge that failure to comply with this certification is, by itself, grounds for termination of this contract or grant with the State of Ohio.

November 6, 2015

Signature of authorized agent

Date

12. I have read the ODJFS Model Grant attached to the RFGA, and if awarded a grant, I will not XX (or) I will request changes to the standard language, and have marked the requested changes and returned the model document with this proposal for consideration by ODJFS. (If so, ODJFS will review those requested changes if you are the selected grantee. All requested changes to model contract language are subject to ODJFS approval.)

13. I Pat Banaszak, (grantee representative in Item # 7) hereby affirm that this proposal accurately represents the capabilities and qualifications of Family and Youth Initiatives

EXHIBIT B

this fiscal year to date. Also include grants approved for ODJFS or institutions of higher education:

Total number of grants: 5

For each state grant, list the state agency and provide the following information:

State Agency/Educational Institution: Ohio Department of Health Choose Life Fund (2014)
Grant Dollar Amount: \$4,773.33

State Agency/Educational Institution: Ohio Department of Health Choose Life Fund (2013)
Grant Dollar Amount: \$7,898.33

State Agency/Educational Institution: Ohio Department of Health OAHC (sub-grantee)
Grant Dollar Amount: \$66,901 (2012) \$61,866 (2013)

ODJFS \$1,000 2014 Responsible Fatherhood Month Campaign

Attach additional pages if needed

11. Grantee Ethics Certification

As a grantee receiving grants from the State of Ohio, I certify on behalf of
Elizabeth's New Life Center (name of vendor or grantee):

(1) I have reviewed and understand Ohio ethics and conflict of interests' laws, as found in Chapter 102. and Sections 2921.42 and 2921.43 of the Ohio Revised Code.

(2) I acknowledge that failure to comply with this certification is, by itself, grounds for termination of this contract or grant with the State of Ohio.

Vivian Koob
Signature of authorized agent

7/21/14
Date

12. I have read the ODJFS Model Grant attached to the RFGA, and if awarded a grant, I will not (or) I will X request changes to the standard language, and have marked the requested changes and returned the model document with this proposal for consideration by ODJFS. (If so, ODJFS will review those requested changes if you are the selected grantee. All requested changes to model contract language are subject to ODJFS approval.)

13. I Vivian Koob, (grantee representative in Item # 7) hereby affirm that this proposal accurately represents the capabilities and qualifications of Elizabeth's New Life Center (grantee's name), and I hereby affirm that the cost(s) bid to ODJFS for the performance of services and/or provision of goods covered in this application in response to this ODJFS RFGA is a firm fixed price, inclusive of all incidental as well as primary costs. (Failure to provide the proper affirming signature on this item may result in the disqualification of your proposal/bid.)

14. Location of Business Declaration: Vendors responding to any ODJFS RFP/RLB/RFGA (etc.) must certify that no public funds shall be spent on services provided/Performed offshore by completing, signing, and returning the "Location of Business Form," which is the final section of this attachment. FAILURE TO PROPERLY COMPLETE, SIGN AND RETURN THIS FORM, INCLUDING THE "LOCATION OF BUSINESS FORM," WILL RESULT IN DISQUALIFICATION OF THE VENDOR FROM CONSIDERATION FOR AWARD OF AN ODJFS CONTRACT.